

This article was downloaded by:[EBSCOHost EJS Content Distribution]  
On: 7 April 2008  
Access Details: [subscription number 768320842]  
Publisher: Informa Healthcare  
Informa Ltd Registered in England and Wales Registered Number: 1072954  
Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



## Journal of Mental Health

Publication details, including instructions for authors and subscription information:  
<http://www.informaworld.com/smpp/title~content=t713432595>

### Book Review

Bonnie Evans <sup>a</sup>

<sup>a</sup> PhD student, Department of History & Philosophy of Science, University of Cambridge, Cambridge, UK

Online Publication Date: 01 April 2008

To cite this Article: Evans, Bonnie (2008) 'Book Review', Journal of Mental Health, 17:2, 225 - 227

To link to this article: DOI: 10.1080/09638230802003792

URL: <http://dx.doi.org/10.1080/09638230802003792>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article maybe used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

## BOOK REVIEW

### **“Better but not Well”: Mental Health Policy in the United States since 1950**

Richard G. Frank & Sherry A. Glied

Baltimore: Johns Hopkins University Press, 2006

£26.50 hdbk/£14.50 pbk

ISBN 9780801884429

Anyone concerned with the way in which US government policy has impacted on the lives of the mentally ill will have an interest in this book. Senior health economists, Frank and Glied, investigate changes in the financing and provision of mental health services since the 1950s in an attempt to understand how the experiences of the mentally ill have changed. In doing so, they expose many of the inconsistencies in public policy which arose after centralized asylums were closed down and care for the mentally ill was dispersed across a wide range of service providers.

In 1963, President Kennedy created the Community Mental Health Centres Program, marking a key transition in the way in which the US federal government sought to finance mental health services. This initiative occurred in the midst of other major developments in the treatment of the mentally ill, for example the development and increased use of the pharmacological treatments chlorpromazine and imipramine, and the growth of psychotherapeutic services. For Frank and Glied, however, the most important impact on the *delivery* of mental health care in the US came through the enactment of Medicare and Medicaid legislation in 1965. Medicaid established a form of health insurance for segments of the poor and disabled population who would previously have had to rely on state institutional care. Many mentally ill recipients began to purchase community care and effectively bought themselves out of institutions.

Since the 1960s, mental health care services have been increasingly mainstreamed, with mental health subsumed within general health and welfare policy. Whilst this has been beneficial for those with minor forms of mental disorder, it has often led to a neglect of those with severe mental illness whose unique problems then go unrecognized. The authors argue that treating the mentally ill poses unique problems to society and the structure of the welfare state, which policy makers must appreciate. Federal government has frequently made policy changes in areas such as unemployment law without considering what impact these would have on those with severe mental illness. For example, in 1980, under Carter, Congress passed the 1980 disability amendments to the Social Security Act, which reduced eligibility for support. This led 500,000 individuals to lose their benefits, many of whom were mentally impaired. This is just one example used by Frank and Glied to illustrate the fact that policy makers have continually failed to face up to the challenges of supporting those who are severely mentally ill. They contend that policy decisions concerning unemployment and housing support should incorporate research that shows, for example, that unsatisfactory housing conditions greatly reduce the chances of recovery from mental illness and that it is often hard for those with severe

mental illness to retain jobs. Expecting or compelling mentally ill individuals to follow the supposedly rational pattern of market forces will be neither beneficial for those individuals nor for society at large.

*Better but not Well* provides a necessary counterpart to much overenthusiastic optimism surrounding recent developments in psychopharmacology and the neurosciences. Whilst the writers recognize that treatments have advanced over the last 50 years and that awareness of mental illness has grown, they point out the need to remain vigilant of the way that bureaucratic systems can thwart development. Many charities and patient groups in the US are unable to influence government policy regarding those with severe mental illness because they aim their campaigns at the Substance Abuse and Mental Health Services Administration (SAMHSA) rather than those federal agencies that administer Medicaid and social security and thus hold the real power. They suggest that a new institution is established within the federal government which ensures that the needs of the severely mentally ill are known and accounted for throughout all welfare agencies.

Frank and Glied's analysis of the way in which mental health care markets have transformed since the 1950s, and the affect that this has had on the provision of services, is well-supported with quantitative data and is highly convincing. Their work points a new direction for work into the historical evolution of markets in mental health care and in this respect is greatly welcome. However, they do encounter some problems in collecting supporting data to establish whether or not the experiences of the mentally ill have *improved* since 1950 and how public perception of mental illness has also changed over this time. They are largely aware of these problems which they attribute to conceptual difficulties and lack of sufficient data. It would have been interesting if they had attempted to overcome some of these discrepancies by integrating work from other disciplines, most notably qualitative historical studies, for example, Berrios' work on the history of descriptive psychopathology which has taken a more critical approach to the conceptualization of mental illnesses over time (Berrios, 1996). Nikolas Rose has also critically analysed the way that changing configurations in the structure of political power, along with changing therapeutic treatment practices, have influenced understandings of psychological illness over the course of the 20th century (Rose, 1989).

Incorporating more work on historical and conceptual change may have enabled these health economists to think more critically about some of their conclusions. For example, towards the end of the book, they consider whether public attitudes towards mental illness have changed since the 1950s. They conclude, rather surprisingly, that in some respects the stigma attached to mental illness has actually *increased*. Although they support this claim with some interesting recent surveys on perceptions of mental illness, they do not give a thorough analysis of how these conform, or conflict, with earlier surveys. For example, the finding that more surveyed people associated mental illness with violence in 1996 than they did in 1950 (Phelan et al., 2000) is not necessarily evidence of the continued stigma associated with mental illness. This finding could actually be the result of policy changes regarding the involuntary commitment of the mentally ill. These now explicitly link violent behaviour with the requirement to commit an individual in a way that they did not in the 1950s.

The authors clearly set themselves an enormous task in constructing this book which covers multiple disciplines and asks difficult and pertinent questions about both welfare and illness. Hopefully their work marks the beginning of further attempts to integrate economic and historical analysis in order to understand the development of mental health care. The book clearly illustrates how historically, changing markets have affected government policy

regarding the treatment of the mentally ill. They also show how this knowledge can be used constructively in order to improve contemporary policy and practice.

BONNIE EVANS

*PhD student, Department of History & Philosophy of Science,  
University of Cambridge, Cambridge, UK  
E-mail: ble20@hermes.cam.ac.uk*

## References

- Berrios, G.E. (1996). *The history of mental symptoms: descriptive psychopathology since the nineteenth century*. Cambridge, Cambridge University Press.
- Phelan, J.C., et al. (2000). Public conceptions of mental illness in 1950 and 1996: What is mental illness and is it to be feared? *Journal of Health and Social Behaviour* 41 (June), 188–247.
- Rose, N. (1989). *Governing the soul: The shaping of the private self*. London: Free Association Press.